

Progressive Agriculture Safety Day™
April 5, 2008
Sponsored By:
New Jersey Junior Breeder's Symposium
New Jersey Farm Bureau Women's Committee
New Jersey Agricultural Experiment Station
Cook Campus – Food Science Building
65 Dudley Road
New Brunswick, New Jersey

Space is limited to the first 300 to register. Planned activities include demonstrations and discussions on numerous safety-related topics. Participants will be divided into small groups to rotate through the safety sessions listed below. Small groups allow the children to participate in activities designed to help them learn.

8:00 – 9:00 a.m. – Food Science Building - Registration & Animal Science Skill-a-Thons

9:00 a.m. – 2:30 p.m.

- | | |
|-------------------------|------------------------|
| • ATV Safety | • Hidden Hazards |
| • Chemical Safety | • First Aid |
| • PTO Safety | • Disability Awareness |
| • Animal Safety | • Bike Safety |
| • Farm Equipment Safety | • Sun Safety |

2:30 p.m. – 4:00 p.m.

Dairy Clip-off

Small Ruminant Pre & Post Natal Care

Equine First Aid

COST: A fee of \$12.00 per attendee covers the cost of lunch, snacks, speakers.

TO REGISTER:

- 1) Complete the Registration Form and the Release and Consent Form that is on the back.
- 2) ***A parent or guardian must sign the Release and Consent Form before a child can participate in the Safety Day.***
- 3) Include a check made payable to: NJ Junior Breeder Program for \$12.00.
- 4) Return forms and payment to:
NJDA
NJ Junior Breeder Program
P.O. Box 330
Trenton, New Jersey 08625

FOR MORE INFORMATION: Contact Lynn Mathews at Lynn.Mathews@ag.state.nj.us or Debra Moscatiello at Debra.Moscatiello@ag.state.nj.us or either at (609) 984-4389.

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Registration Due March 20,2008

Participant Name _____

Gender _____ Grade _____ Age _____ T Shirt Size – Youth _____ Adult _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Cell or Pager _____

Email Address _____

If you will not be with your child at the program, please complete the following:

Phone where you can be reached during safety day: _____

Name of Additional Emergency Contact _____

Phone where they can be reached during safety day: _____

Family Physician _____ Phone _____

My child is allergic to: _____

My child may be given the following over-the-counter medications: _____

My child has the following special needs and/or must take the following medications:

After safety day, the following people have permission to pick up my child:

The following people are not allowed to pick up my child at any time:

I will attend from 2:30 p.m. – 4:00 p.m.: (please check only one choice)

☐ Dairy Clip off ☐ Equine First Aid ☐ Small Ruminant Pre-Natal/Post-Natal Care

NOTE: If you are sending more than one child to safety days, please complete a separate form for each child.

Do not forget to complete and sign the Release and Consent Form on the back!

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Release and Consent Form

1) I give my permission for the child listed below to attend the Progressive Agriculture Safety Day™. I understand that one of the purposes of the Progressive Agriculture Safety Day™ is to teach participants to stay safe around farm sites, farm equipment, and farm animals. During the safety day, safety barriers will be in place, safety rules will be enforced, and participants will be closely supervised by safety day instructors and group leaders. However, I acknowledge that there is a possibility of accidents. I release the coordinators, instructors, volunteers, sponsors, the Progressive Agriculture Foundation, and the Progressive Agriculture Safety Day™ program from all claims, in the event of injury to my child, unless the injury is the result of gross negligence or willful misconduct on the part of these parties.

2) First aid will be available at the safety day and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs, the emergency contact(s) listed below will be notified. If it is impossible to reach the emergency contact(s), I give permission for emergency treatment as recommended by the attending physician.

3) I give my permission for photographs, audio, and video to be taken of my child while engaged in safety day activities and for these images to be used by the Progressive Agriculture Foundation and the Canadian Agricultural Safety Association to promote safety in the media, on our websites, and in promotional materials.

4) I understand that my child may be asked to complete a written knowledge test before and after the safety day to help evaluate the effectiveness of the Progressive Agriculture Safety Day™ program. Participation is voluntary, and my child may choose not to participate. I give permission for my child to participate in these evaluations.

I have read and agree to the above information. [Note: If you do not give permission for all or part of items 2 or 3, simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree to item 1, your child cannot attend the event.]

Parent/Guardian Signature _____ Date _____

Please print the following:

Name of Parent/Guardian _____

Name of Participant _____

Participant's age _____ Grade in school _____ Participant is: ☐ Boy ☐ Girl

Does this participant: ☐ Live on a farm or ranch ☐ Work on a farm or ranch ☐ Visit a farm or ranch

Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Contact 1 _____ Emergency Phone Number(s) _____

Emergency Contact 2 _____ Emergency Phone Number(s) _____

Would you like to receive information on the Progressive Agriculture Foundation and how you can help keep your child safe? ☐ Yes ☐ No Would you like the information by mail? _____ Or email? _____

E-mail address _____

